24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
RESTORATION PAC		C C00571588
		0 5555.1555
Check if 24-hour report 48-hour report New rep	port Amends report	t filed on
Full Name of Payee Harris Media, LLC		Date of Public Distribution/Dissemination
		11 01 7 2022
Mailing Address 6500 Manor Drive		Amount
City State	Zip Code	5000.00
Austin TX	78723	Transaction ID : SE.21284 Date of Disbursement or Obligation
Purpose of Expenditure Digital advertising	Category/ Type 004	Mam / Dad / Yayayay
Name of Federal Candidate	Support	Office Sought: House District: 11
FOSTER, G. WILLIAM (BILL), , ,	x Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ☐ Continuous Continuo
Full Name of Payee Harris Media, LLC		Date of Public Distribution/Dissemination
		11 01 Y Y Y Y Y
Mailing Address 6500 Manor Drive		Amount
City State	Zip Code	8000.00
Austin TX	78723	Transaction ID : SE.21285 Date of Disbursement or Obligation
Purpose of Expenditure Digital advertising	Category/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support	Office Sought: House District: 06
CASTEN, SEAN, , ,	x Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	106424.11	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		13000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
Gewont, Janina, , , [Electron	nically Filed] Date	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
RESTORATION PAC	C C00571588		
Check if X 24-hour report 48-hour report New report Amends report filed on			
Full Name of Payee Date	e of Public Distribution/Dissemination		
Nebo Media, Inc.	11 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address PO Box 9825 Amo	ount		
City State Zip Code	150000.00		
Arlington VA 22219 Tran	nsaction ID : SE.21286 e of Disbursement or Obligation		
Purpose of Expenditure TV & digital advertising (placement) Category/ Type 004	10 27 2022		
Name of Federal Candidate Support Office Sough	ght: House District: 00		
HASSAN, MARGARET WOOD, , ,	NII I		
Calendar Year-To-Date Per Election for Office Sought Disburseme 2022	ent For: Primary X General Other (specify) ▶		
Full Name of Payee Date	e of Public Distribution/Dissemination		
Mailing Address	M M / D D / Y Y Y Y		
	ount		
City State Zip Code			
	e of Disbursement or Obligation		
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y		
Name of Federal Candidate Support Office Sou	ght: House District:		
Oppose Presi	ident Senate State:		
Calendar Year-To-Date Per Election for Office Sought	ent For:		
, ,	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	150000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7		
(c) TOTAL Independent Expenditures	163000.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Gewont, Janina, , , [Electronically Filed] Date 11	02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Oignatul C			